

Name
in
Full

Robert F. Archer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>1</i>	Day <i>14</i>	Age <i>71</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Robert W. Archer</i>			Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Elenzabeth</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>Miss B. Archer</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stroke</i>	How long <i>4 hrs</i>
Immediate <i>Paralysis</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Gilling Smith</i>
	Address <i>Bel Air road</i>
Accident or Suicide? <i>no</i>	



Name in Full

Certificate of Death

Charles Green Baker

Town

County

Died at

Abundum

Hartford

MARYLAND

Date 1965

Month

Day

Y.

M.

D.

Native of

Occupation

1

31

Age

24

ma

Cabinet Maker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband
of

Wife

Father's

Name

Nicholas Baker

Mother's

Maiden Name

Cause of

Primary

Smile Disease Heart

Death

Immediate

Heart Failure

How long sick

1 mo

Accident, Suicide, Homicide

Reported by

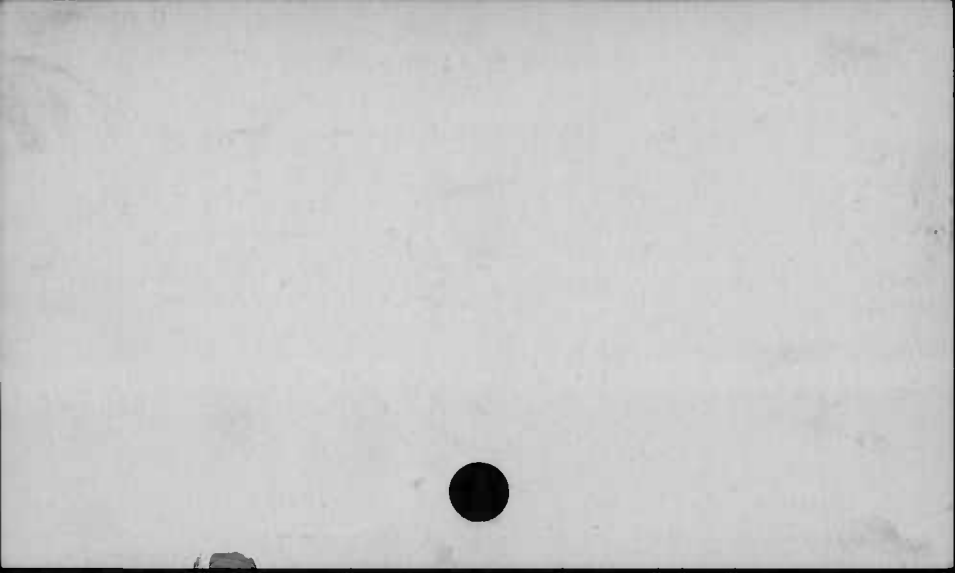
J. H. H. H. H.

Address

Abundum ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
In
Full

Lewis Barbour.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

~~Washington~~County ~~Anne Arundel~~

Date

of death 1908

Month

1

Day

5

Age

77

Years

Months

Days

Sex

Male.

Color or
Race

White

Birth-
place

12

Occupation

Carpenter

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Lewis Barbour

How related
to deceased

Son

CAUSES OF DEATH

Primary

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

L. W. Holden

Address

Delta Pa

Accident or Suicide?

PHYSICIAN
OR CORONER

did not have doctor

Jan. 7-05

San. Jct. P.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Abingdon</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>5</i>		Month <i>10</i>		Day <i>27</i>		Age Years Months Days	
Sex		Color or Race <i>Colored</i>		Birth- place <i>Maryland</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>John Brasley</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Lanaa Morgan</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>John Brasley</i>				How related to deceased <i>S</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Born dead S.</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H K McInerney</i>
		Address <i>Abingdon</i>
Accident or Suicide?		<i>Undertaker</i>



Name In Full

Certificate of Death

John H Town

Town

County

Died at Carvers

Sharford

MARYLAND

Date 1905	Month 1	Day 22	Age 76	Y. -	M. -	D. -	Native of Md.	Occupation Farm Work
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living 5				

Husband of Lucinda Brown
 Wife

Father's Name William Brown

Mother's Maiden Name ✓

Cause of Death	Primary	Pneumonia	How long sick Ten Days
	Immediate	Heart Failure	
			Accident, Suicide, Homicide

Reported by

J. H. Kennedy
 Abundant

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Eliza Brown</i>		Town <i>Perryman</i>		County <i>Harford</i>		MARYLAND			
Died at		Date of death <i>1905 Jan 15</i>		Age <i>25</i>		Months <i>3</i>		Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>North East City Co</i>					
Occupation <i>House wife</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Brown</i>							
Father's Name <i>William Smith</i>		Father's Birthplace <i>Balts. Md</i>							
Mother's Maiden Name <i>Clara Jennings</i>		Mother's Birthplace <i>Balts. Md</i>							
Name of person giving information <i>Mary Johnson</i>		How related to deceased <i>Cousin</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Subar pneumonia</i>	How long <i>14 days</i>
Immediate <i>Heart failure & exhaustion</i>	How long <i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. H. Mitchell</i>
	Address <i>Miss Hospital</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

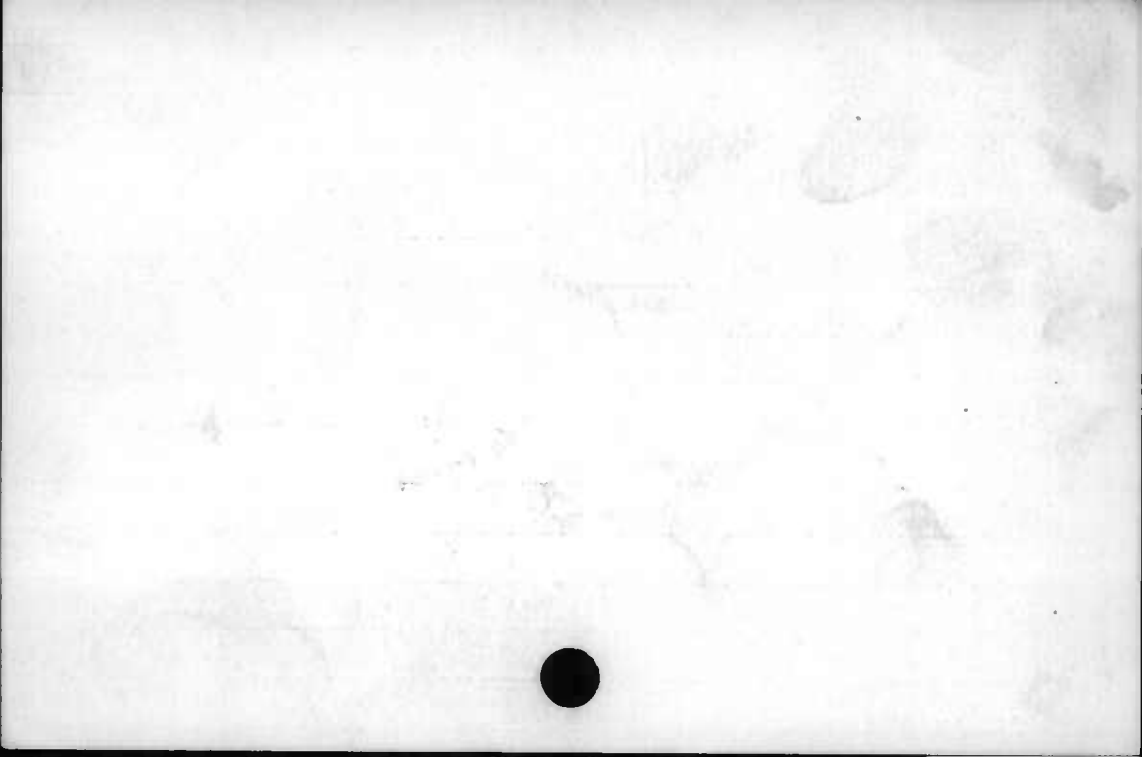
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper X roads</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death 190	Month <i>Jan</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Upper X roads</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Howard E Coe</i>				Father's Birthplace <i>Upper X roads</i>			
Mother's Maiden Name <i>Cora Tracery</i>				Mother's Birthplace <i>Rocks Md</i>			
Name of person giving information <i>Walter Coe</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congenital congenital</i>	How long <i>1 3 and</i>
Immediate <i>Thrombosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Oscar L. McNemar</i>
	Address <i>Janettville</i>
<i>X</i> Accident or Suicide?	



Name
in
Full

Caroline

Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Essex		County Hampden		MARYLAND	
Date of death 190	8	Month 1	Day 17	Age Years 76	Months	Days	
Sex female	Color or Race white		Birth- place Hampden				
Married, Single or Widowed	Widow		Occupation Housewife				
Name of Wife or Husband		Lou Evans					
Father's Name		Elisha Greenland				Father's Birthplace Hampden	
Mother's Maiden Name		Ann Osborn				Mother's Birthplace Hampden	
Name of person giving in formation		Family				How related to deceased Lou	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Smelly	How long	1 year
Immediate	gangrene	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Castellingsworth	
		Bel Air	
Accident or Suicide?			

Mount Carmel

Name in Full	Wm R. Giffing						CERTIFICATE OF DEATH	
	Died at	TOWN			County		MARYLAND	
		Cambridge			Hartford			
	Date of death	1905	Month 1	Day 27	Age 74	Years	Months	Days
	Sex	Male.		Color or Race	White		Birth- place	
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace		
Name of person giving In formation						How related to deceased		

TO BE ANSWERED BY NEAREST FRIEND	CAUSES OF DEATH	
	Primary	Tuberculosis -
	Immediate	
	Are the name, age, sex, color, date and place correctly given above?	Yes
	Signature of Physician	R. D. Dancy. Ramsay
PHYSICIAN OR CORONER	Address	
	Deer York Co Pa	
Accident or Suicide?		

Bethesda Church

Cecil Co

Md

Jan. 30th 1905

Name

in
Full

CERTIFICATE OF DEATH

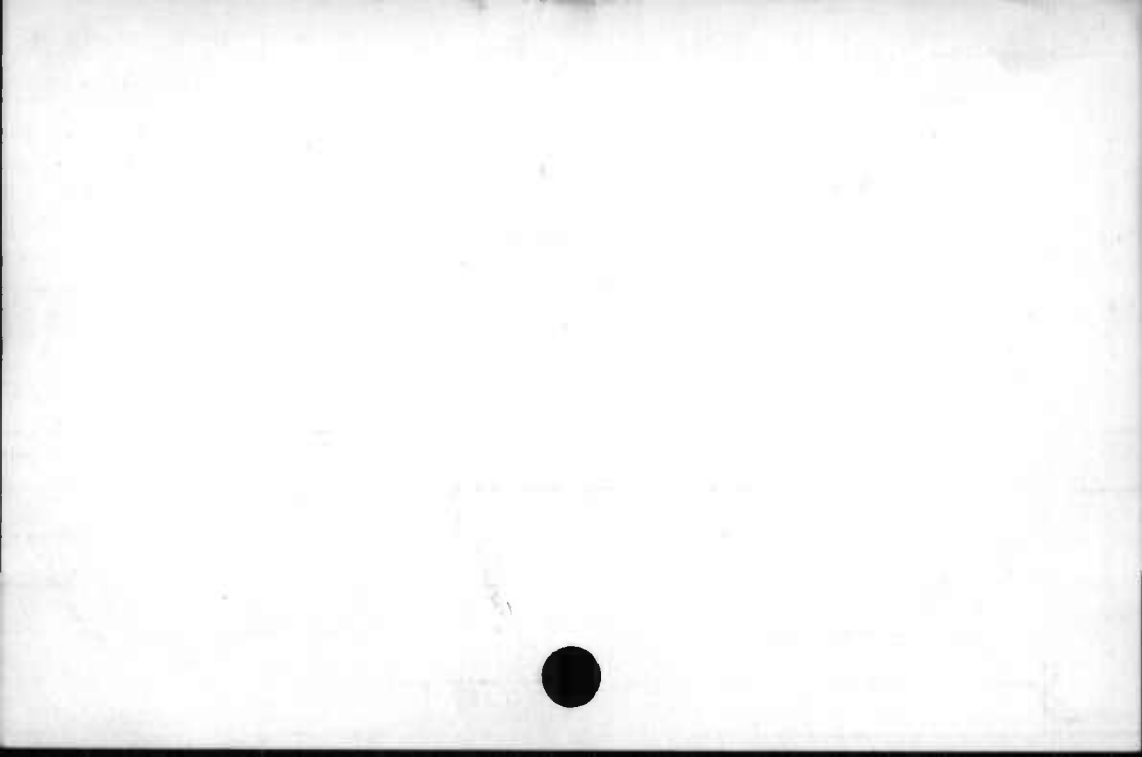
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Alice Harkin</i>		Town <i>Strat Po</i>		County <i>Harford</i>		MARYLAND	
Died at		Date of death <i>1905 Jan</i>		Day <i>26</i> Age <i>1</i>		Months <i>1</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Street Ind.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>George E. Harkin's</i>		Father's Birthplace <i>Street Ind.</i>					
Mother's Maiden Name <i>Viola Farnam</i>		Mother's Birthplace <i>Mill Gard Ind.</i>					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Cerebro Spinal Meningitis</i>		How long <i>10 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. W. Farnam</i>	
		Address <i>Street Ind.</i>	
Accident or Suicide?			



Name
in
Full

Francis Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Darlington		County Harford		MARYLAND	
Date of death		1905	Month Jan	Day 5	Age	Years 19	Months 11
Sex		Female		Color or Race		Colored	
Occupation		House girl		Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Hazard Harris				Father's Birthplace Maryland	
Mother's Maiden Name		Cassandra Clarke				Mother's Birthplace Maryland	
Name of person giving information		Hazard Harris				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heavy cold	How long	Two months
Immediate	Chills	How long	8 or 9 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W.B. Clark
		Address	Darlington, Maryland.
Accident or Suicide?			



Name in Full

Certificate of Death

Virginia Annie Keziah Harbo

Died at

Town

County

MARYLAND

Date 19

Month

Day

Age

Y.

M.

D.

Native of

Occupation

1

5

Age

1

4

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Ammie Rebecca Hitchcock.

Town

County

Died at

MARYLAND

Date 1905, Jan. 12th | Month Jan. | Day 12th | Age 48. 6. 29 | Y. 48. | M. 6. | D. 29. | Native of Harford Co. | Occupation Seamstress
 Male | White | Married | Widow | Divorced | Number of children living 8 children
 Female | female | Colored | Single | Widower

Husband of

Wife

Father's

Name

Mr Jessie Hitchcock
 Stover

Mother's

Maiden Name

Stover

Cause of

Primary

Lobar Pneumonia

How long sick

8 days.

Death

Immediate

Heart failure

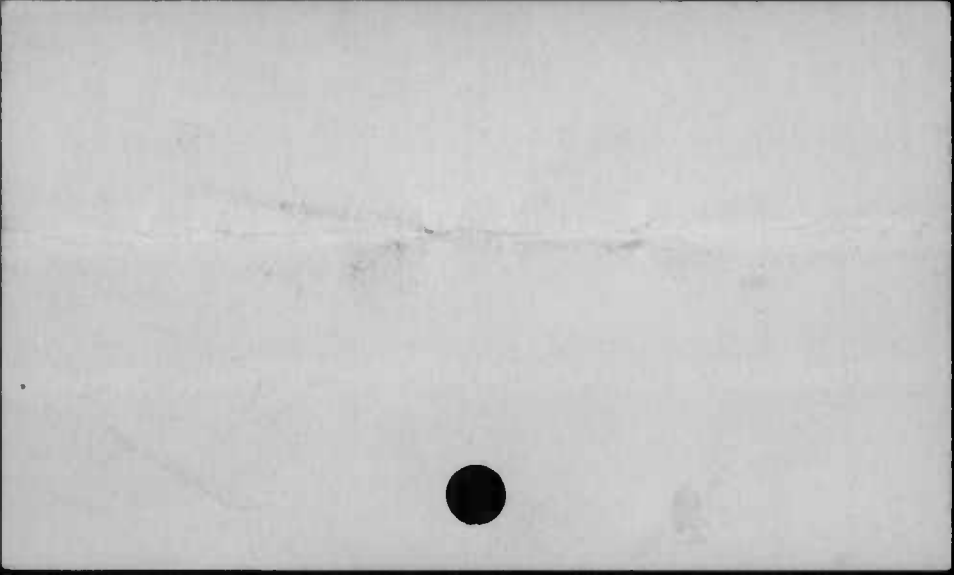
Accident, Suicide, Homicide

Reported by

Jas. S. Akehurst M.D.
 Norrisville Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Watson Hoopes

Town

County

Died at

Gibson

MARYLAND

Date

of death 1905

Month

Jan

Day

13th

Age

Years

18

Months

18

Days

Sex

Female

Color or
Race

White

Birth-
place

Gibson

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

D. Herbert Hoopes

Father's
Birthplace

Gibson

Mother's
Maiden Name

Miss. Watson

Mother's
Birthplace

Fallston

Name of person giving
In formation

Miss. Watson

How related
to deceased

Aunt-

CAUSES OF DEATH

Primary

Whooping-Cough & Gastritis

How long

Two weeks

Immediate

Gibson

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

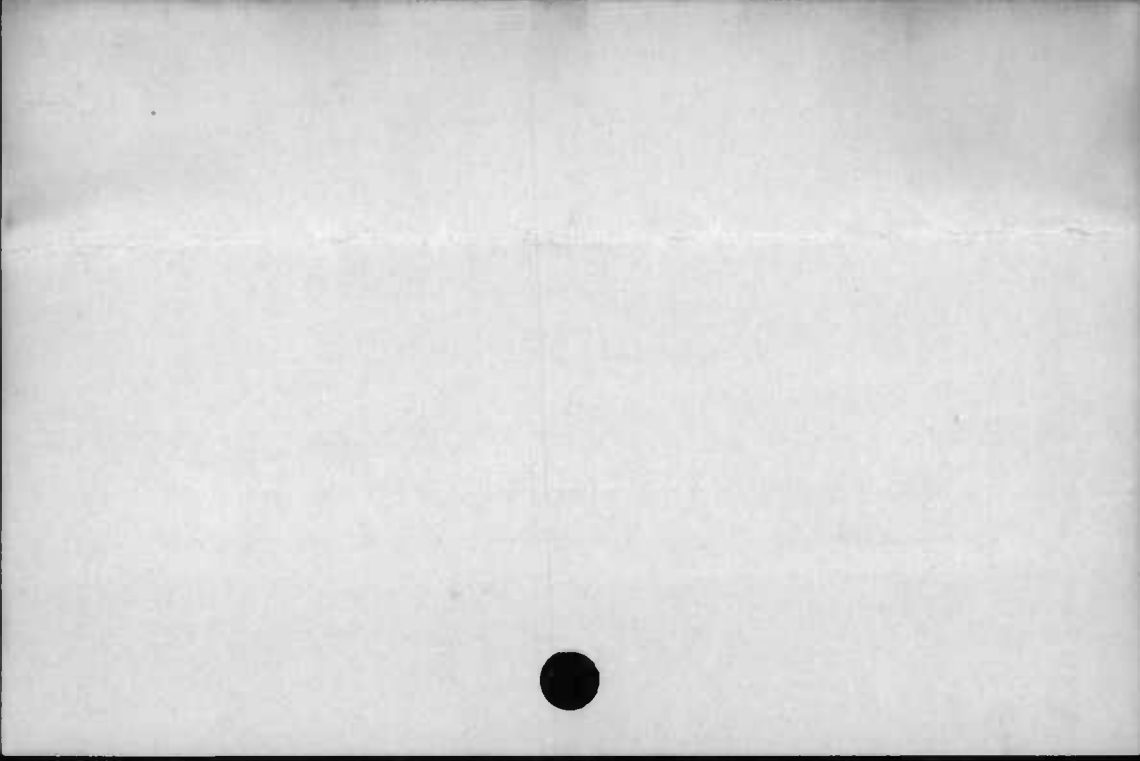
Signature of
Physician

Dr. H. E. Arthur

Address

Stuart - Md

Accident or Suicide?



Name In Full

Certificate of Death

Elizabeth Jennie
 Town County

Died at or near

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Date 1905-

1

26

Age

82

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

One

Wife of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

about 14 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

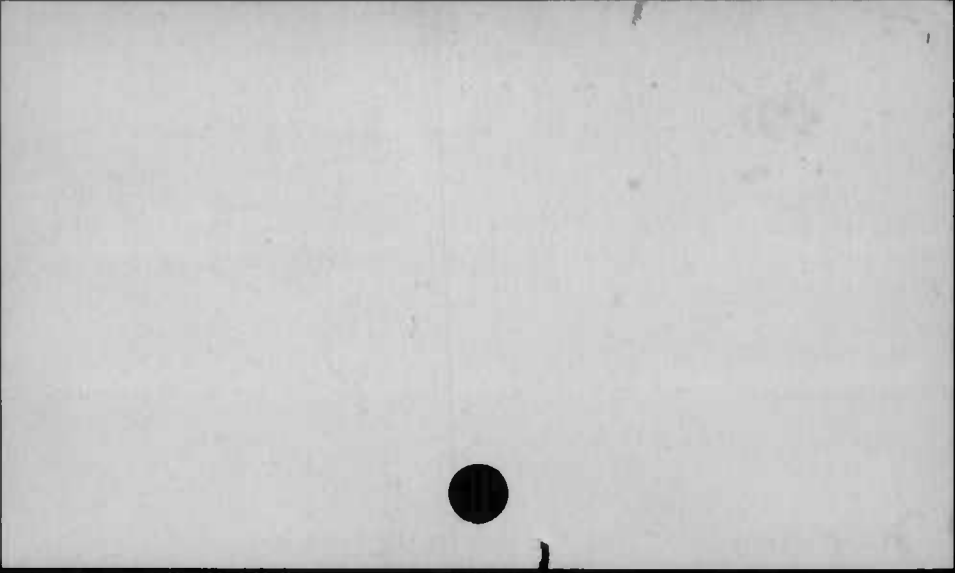
Address

Hawthorn Grove Pa

J. C. Fidelity & Co.

Must be signed by physician, if any in attendance, otherwise by coronar undertaker or minister.

LIBRARY BUREAU, 79903



Name
in
Full

Lallie Cassandra Jones

CERTIFICATE OF DEATH

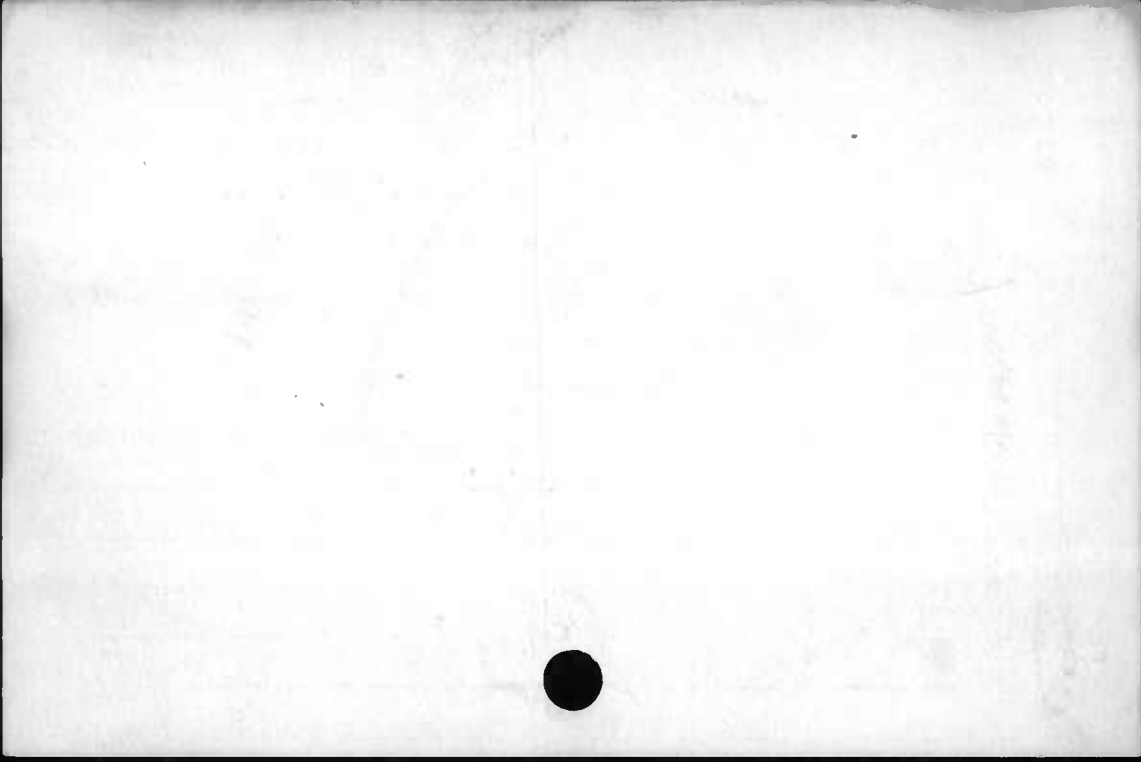
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i> ^{Month}	<i>Jan</i>	<i>30</i> ^{Day}	Age <i>89</i> ^{Years}	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Harford Co</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name <i>Stephen Jones</i>			Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Mary Taylor</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Miss Marion Jones</i>			How related to deceased <i>niece</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>93</i>	How long <i>Eighteen days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J. Archer</i>	
	Address <i>Bel Air Md</i>	
Accident or Suicide?		



Name
in
Full

Mary C. Lawry

CERTIFICATE OF DEATH

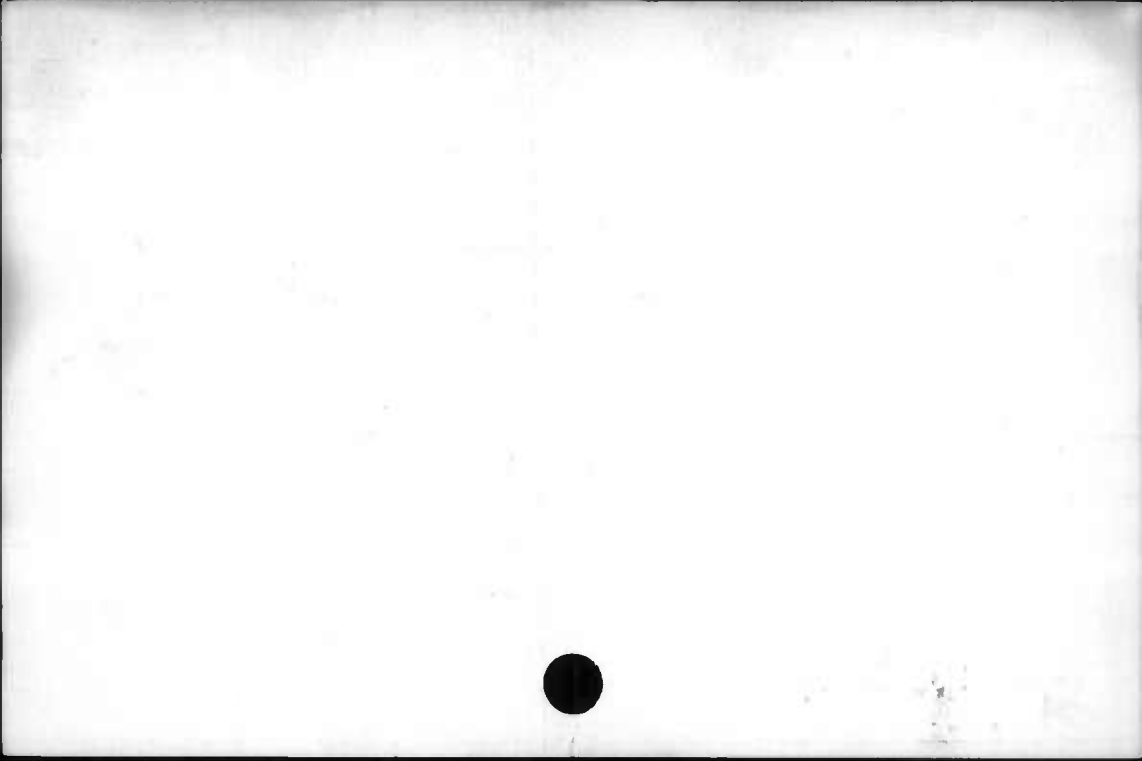
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mountain</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND		
Date of death	<u>1905</u>	Month <u>Jan</u>	Day <u>1</u>	Age <u>4</u> ^{Years}	<u>2</u> ^{Months}	<u>28</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Md.</u>			
Occupation <u>✓</u>	Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>					
Father's Name <u>Albert Lawry</u>	Father's Birthplace <u>Md.</u>					
Mother's Maiden Name <u>Lottie Trecker</u>	Mother's Birthplace <u>Md.</u>					
Name of person giving Information <u>Albert Lawry</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Burned to death</u>	How long <u>2 wks</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J F & Gorecki M.D.</u>
	Address <u>Tow. Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

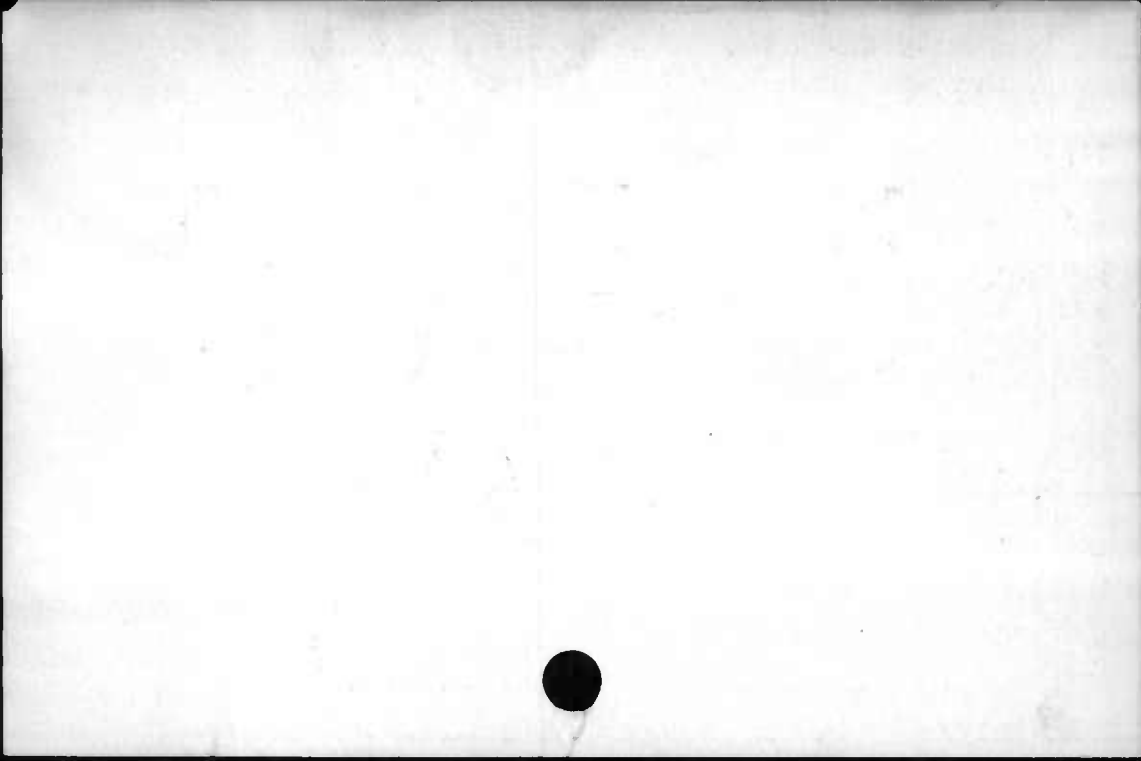
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belt Air</i>		County <i>Hampden</i>		MARYLAND	
Date of death 1905	Month <i>Jan</i>	Day <i>22</i>	Age <i>—</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Belt Air</i>			
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Andrew Lenoir</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Florence Deaco</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute meningitis</i>	How long <i>4 days</i>
Immediate <i>Coma & syncope</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. F. Vant Bibber</i>
	Address <i>Belt Air Md.</i>
Accident or Suicide? <i>No</i>	



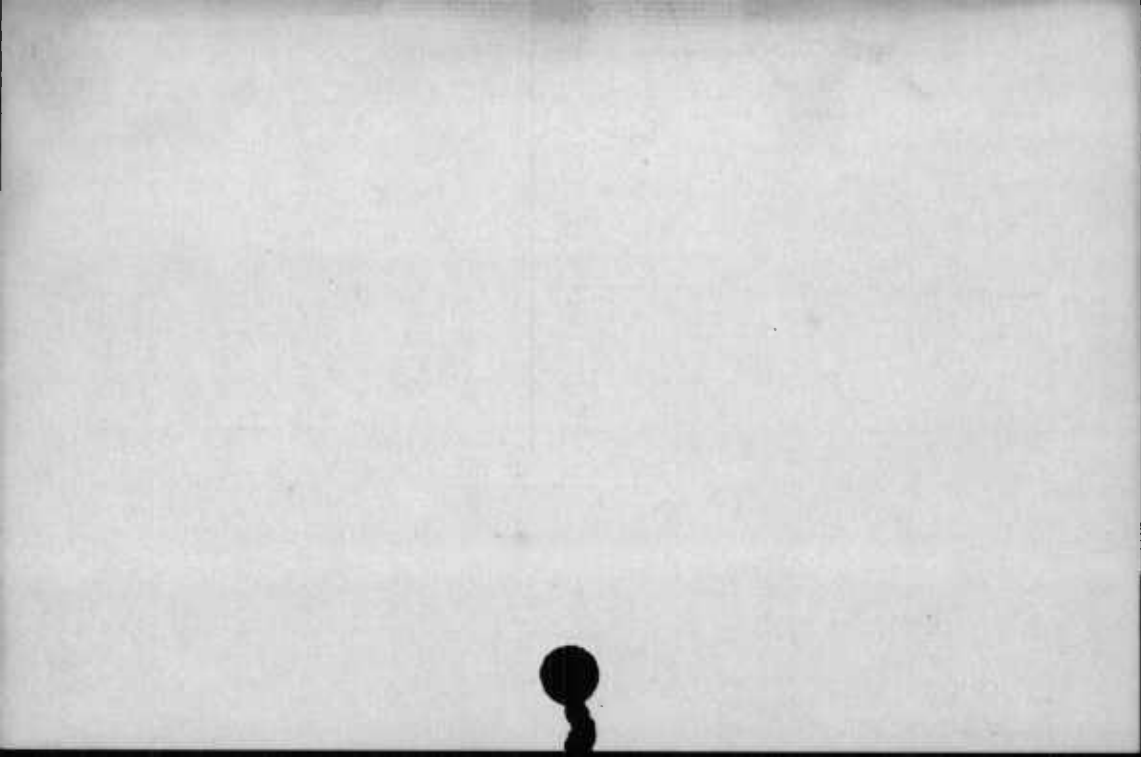
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town		Stafford County		MARYLAND	
Date of death 1905	Month Jan	Day 27	Age 76 Years	Months	Days
Sex Female		Color or Race White		Birth-place Maryland	
Occupation House Keeping			Where Residing if not at place of death		
Married, Single or Widowed Married		Name of wife or Husband Joseph. Norris			
Father's Name Ben. H. Jones			Father's Birthplace		
Mother's Maiden Name Matilda Wright			Mother's Birthplace		
Name of person giving information Amos Norris			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	64	How long
Immediate Apoplexy		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Richard Ramsay	
	Address Deer Pt	
Accident or Suicide? No		



Name
in
Full

CERTIFICATE OF DEATH

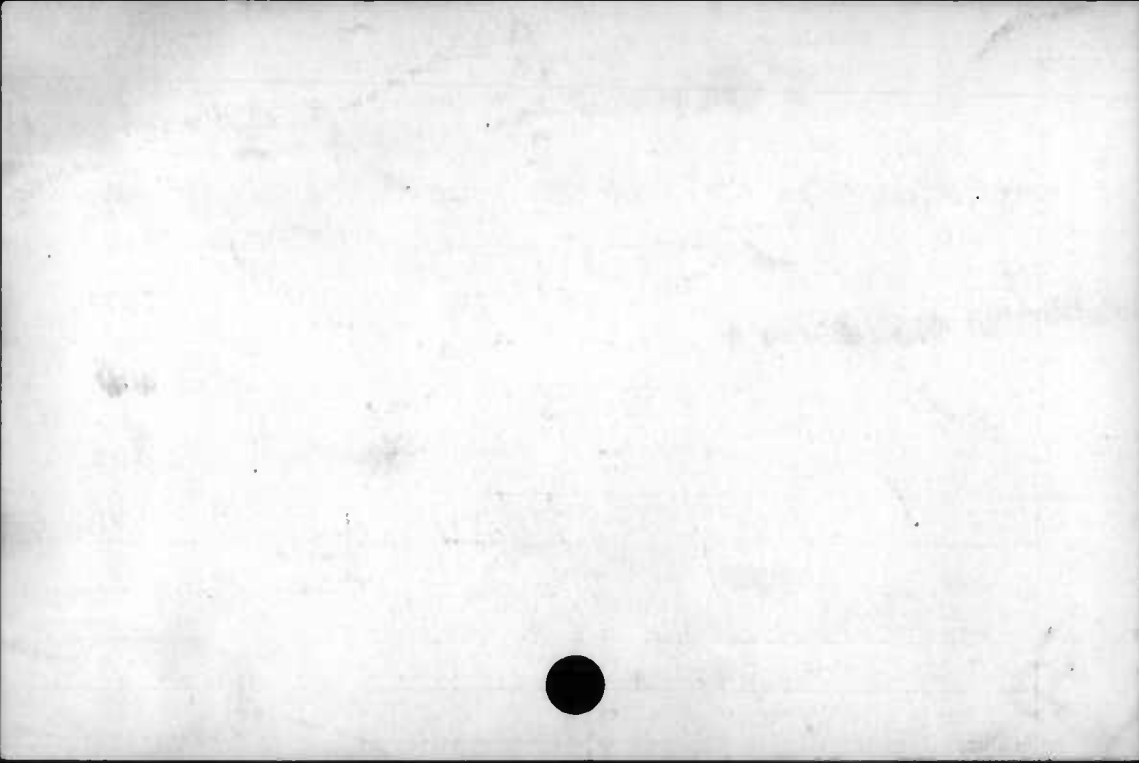
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Joppa</i>		County <i>Hartford</i>		MARYLAND	
Date of death 190		Month <i>Jan</i>	Day <i>19</i>	Age <i>21</i>	Months <i>3</i>	Day <i>19</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Hartford Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Archie North Norris</i>							
Father's Name <i>Chas Clinton Smith</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Mary Emily Lought</i>				Mother's Birthplace <i>Hartford Md</i>			
Name of person giving information <i>A N Norris</i>				How related to deceased <i>husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dupt Meningitis</i>	How long <i>7 weeks</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas C Roth</i>
	Address <i>Edgewood Md</i>
Accident or Suicide?	



Name in Full:

Certificate of Death

Wm George Pritchard
 Died at ^{Town} Aberdeen ^{County} Harford

MARYLAND

Date ^{Month} Jan ^{Day} 3rd ^{Y.} 19 ^{M.} 4 ^{D.} 3 Native of Md Occupation Md Carpenter
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living 6

Husband of Christiana R Pritchard
 Wife
 Father's Name George Pritchard Mother's Name

Cause of Death { Primary Pneumonia Immediate
 How long sick 93 Six Days
 Accident Suicide Homicide

Reported by Henry Tarring
 Address Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hilcher Raymond

Town

County

Died at

Boothby Hill

Harford

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

1

15

Age

59

-

-

Md

Station owner

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Martha P Raymond

Wife

Father's

Name

S. W. Raymond

Mother's

Maiden Name

Mary Leroy

Cause of

Primary

Paralysis

Death

Immediate

Heart Failure

How long sick

2 yrs

Accident, Suicide, Homicide

Reported by

J. H. Kennedy

Address

Abandon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

Eliza Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Harrede Grace ^{County} Bayford

MARYLAND

Date of death 1905 Month 1 Day 22 Age 85 Years Months - Days -

Sex Female Color or Race Black Birthplace -

Occupation Labor Where Residing If not at place of death -

Married, Single or Widowed Widowed Name of Wife or Husband of Isreal Robinson

Father's Name - Father's Birthplace -

Mother's Maiden Name - Mother's Birthplace -

Name of person giving information Moses Martin How related to deceased son in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

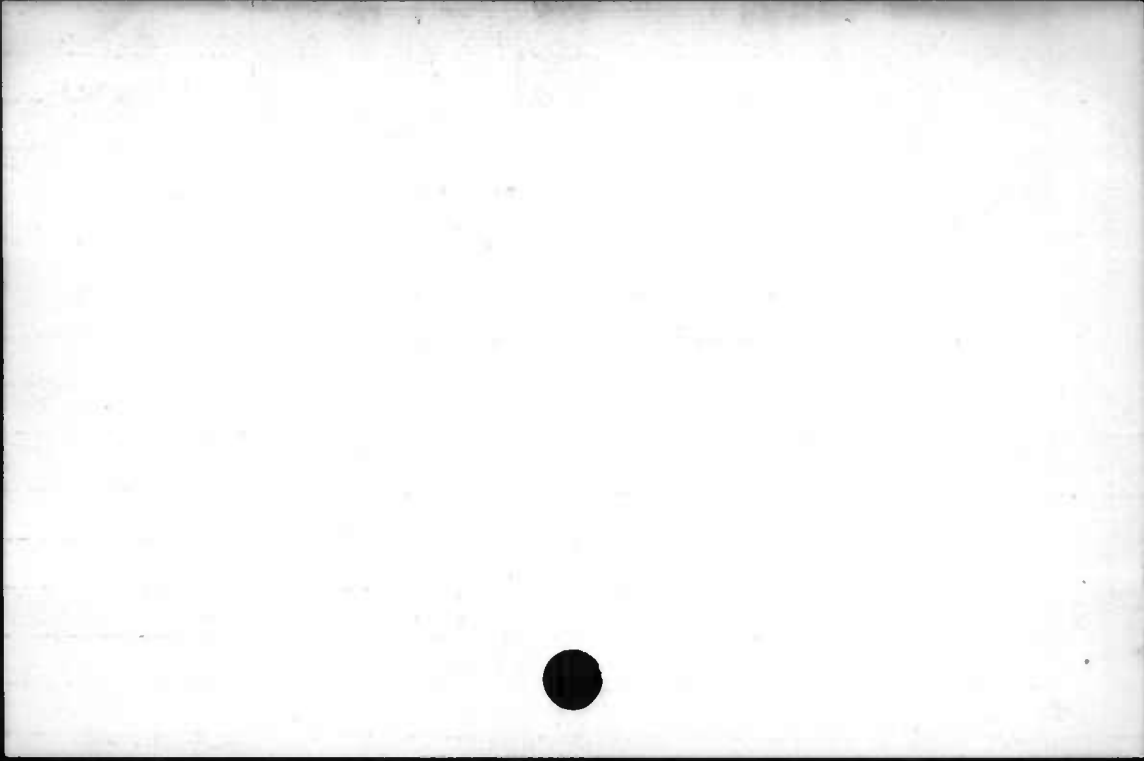
Primary Old age sick for How long

Immediate year No Dr in attendance How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Geo. B. Cunningham

Address Harrede Grace Undertaker

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

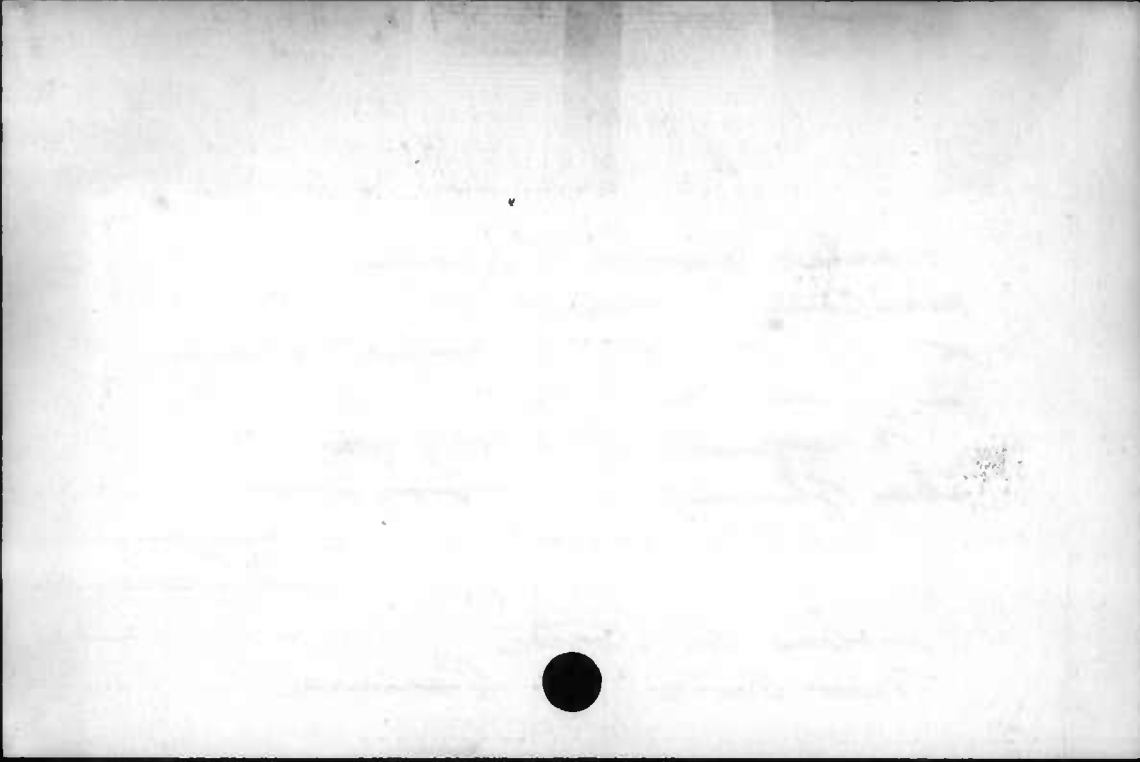
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Roake</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Bel Air</i>		Town <i>Harford</i>		City <i>Bel Air</i>	
Date of death 190 <i>Jan</i>		Month <i>15</i>		Day <i>11</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Bel Air, Md</i>	
Married, Single or Widowed <i>Do not know</i>		Occupation <i>Do not know</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>					
Mother's Maiden Name <i>—</i>					
Name of person giving In formation <i>170</i>					
Father's Birthplace					
Mother's Birthplace					
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Exposure</i>		<i>1 night</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. Hall Richardson</i>	
		Address <i>Bel Air, Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Charles Worth Shrader

Town

County

Died at near Carea

Harford

MARYLAND

Date 1905 / 17 Age 47

Month Day Y. M. D. Native of Maryland Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Margaret Shrader

Father's Name Chas. Shrader

Mother's Maiden Name Taylor

Cause of Death { Primary Cerebral apoplexy

Immediate

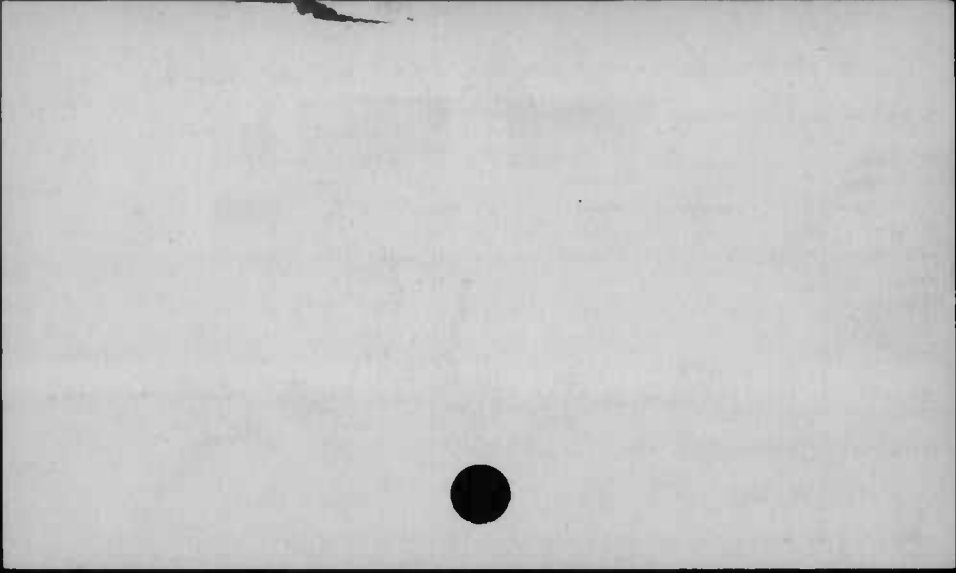
How long sick 2 days

Accident ~~Suicide~~ ~~Homicide~~

Reported by John W. Porter

Address New Park Penna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sarah Jane Shroder

Town

County

Died at near Carea Harford

MARYLAND

Date 1905 / 3 Y. M. D. Age 76-9. Native of Maryland Occupation

~~Male~~
Female

White
~~Colored~~

~~Married~~
~~Single~~

Widow
~~Widower~~

~~Orphaned~~
Number of children living 7

~~Husband~~
Widow of Charles Shroder

Father's
Name

Mother's
Maiden Name

Cause of Death { Primary Immediate } Paralysis of heart
How long sick 79 days
~~Accident, Suicide, Homicide~~

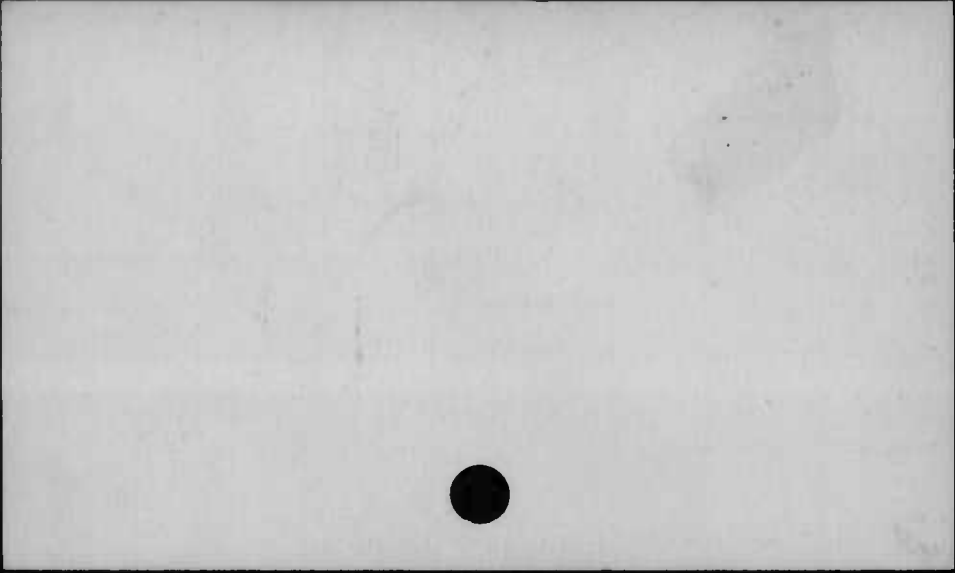
Reported by

Address

John W Porter M.D.
New Park Penna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76885



Silva Smith

Town

County

Died at oakington

Harford

MARYLAND

Date 1905 1 12

Age 2 18

Native of Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of ✓

Wife

Father's Name Edward F Smith

Mother's

Maiden Name

Eliza Washington

Cause of

Primary

Malnutrition

Death

Immediate

Exhaustion

How long sick

15

Accident, Suicide, Homicide

Reported by

J. H. Kennedy

Address

Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Loaac b Shansbury

Town

County

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

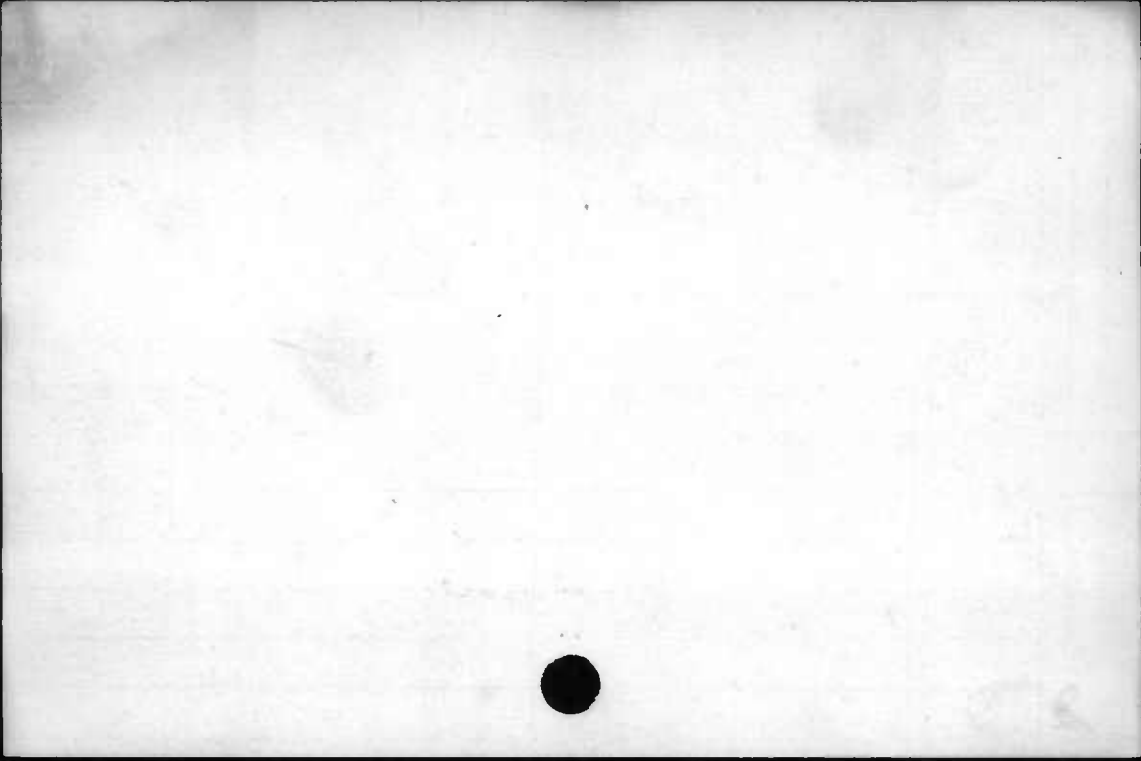
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full James Taylor		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Abundum ^{Town}		Harford ^{County}
	Date of death 1905 Jan. 24		Age 65 7/8
	Sex Male	Color or Race Colored	Birth-place Harford Co. Md.
	Occupation Labourer	Where Residing if not at place of death	
	Married, Single or Widowed	Name of Wife or Husband Rachel Taylor	
	Father's Name	Father's Birthplace	
	Mother's Maiden Name	Mother's Birthplace	
Name of person giving information Eliza Taylor	How related to deceased Daughter		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Bright's Disease	
	Immediate	Coma	
	Are the name, age, sex, color, date and place correctly given above?	Yes	
	Signature of Physician	Wm. H. Kuntz	
	Address	Abundum Md.	
Accident or Suicide?	No		



Name In Full

Certificate of Death

John E. Todd

Town

County

Died at

MARYLAND

Date 1905	Month 1	Day 6	Age 50	Y. —	M. —	D. —	Native of Md	Occupation Fisherman
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

1 year

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *George Hooks* ✓
Town *Harrods Grace* County *Harford*Date of death *1905* Month *1* Day *19* Age *59* Years Months DaysSex *Male* Color or Race *Black* Birth-place *Towson Md*Occupation *Labor* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Harriet Haycock*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Harriet Hooks* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Ailing for some* *17* How longImmediate *time No Hr in bed* *17* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo. T. Pennington*Address *Harrods Grace*Accident or Suicide? *yes* *Undertaken*

J. J. Woodward Esq.
City

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lundwig</i> Town <i>Harford</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>10</i>	Age <i>20</i> Years <i>3</i> Months <i>23</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Lundwig Md</i>	
Occupation <i>House Keeping</i>	Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Richard Williams</i>	Father's Birthplace <i>Lundwig</i>		
Mother's Maiden Name <i>Maria Dawson</i>	Mother's Birthplace <i>Harv</i>		
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 yr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yso</i>	Signature of Physician <i>P. W. Dawson</i>
	Address <i>Delia Pa</i>
Accident or Suicide? <i>2</i>	

